

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith M. Graham

Signature of Treasurer

Meredith M. Graham

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 18 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		112541.12
(b) Cash on Hand at Beginning of Reporting Period.....	137157.02	
(c) Total Receipts (from Line 19)	27360.00	60964.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	164517.02	173505.12
7. Total Disbursements (from Line 31)	10125.94	19114.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	154391.08	154391.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27360.00	60964.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27360.00	60964.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	27360.00	60964.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27360.00	60964.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27360.00	60964.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	525.94	3959.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	525.94	3959.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	55.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	55.00
29. Other Disbursements	9600.00	9600.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10125.94	19114.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10125.94	19114.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27360.00	60964.00
34. Total Contribution Refunds (from Line 28(d))	0.00	55.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27360.00	60909.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	525.94	3959.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	525.94	3959.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City

Lexington

State

KY

Zip Code

40503-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Care of The Bluegrass

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9588

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

B. Susan Altman

Mailing Address 11 Stonywood Dr

City

Commack

State

NY

Zip Code

11725-5111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook Midwifery Practice

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9589

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

C. Jessica Anderson

Mailing Address 22971 E Euclid Cir

City

Aurora

State

CO

Zip Code

80016-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Midwifery Univ. of CO Hosp

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9590

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9588

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9589

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9590

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 191

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jessica Anderson

Mailing Address 22971 E Euclid Cir

City

Aurora

State

CO

Zip Code

80016-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center forMidwifUniv.ofCO Hosp

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9591

Amount of Each Receipt this Period

95.00

Full Name (Last, First, Middle Initial)

B. Karen L Armstrong

Mailing Address 312 SW Cascade Meadow Dr.

City

Sublimity

State

OR

Zip Code

97385-9807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverton Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

181.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9592

Amount of Each Receipt this Period

131.00

Full Name (Last, First, Middle Initial)

C. Karen L Armstrong

Mailing Address 312 SW Cascade Meadow Dr.

City

Sublimity

State

OR

Zip Code

97385-9807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverton Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

198.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9593

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)..... ►

243.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9591

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9592

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9593

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Tonia M. Badura

Mailing Address 1020 N. 12th street

City

Milwaukee

State

WI

Zip Code

53233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9594

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Mary Barger

Mailing Address 4400 New Jersey St

City

San Diego

State

CA

Zip Code

92116-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer

HVMA Nurse Midwifery Srvc

Occupation

PhD, MPH, CNM, FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9595

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Denise Barrett

Mailing Address 170 Prosperous Place

City

Lexington

State

KY

Zip Code

40509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9596

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

146.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9594

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9595

|

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9596

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Denise Barrett

Mailing Address 170 Prosperous Place

City State Zip Code
 Lexington KY 40509

FEC ID number of contributing federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

62.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9597

Amount of Each Receipt this Period

46.00

Full Name (Last, First, Middle Initial)

B. Barbara A Bechtel

Mailing Address 707 Beverley Road Apt 6A

City State Zip Code
 Brooklyn NY 11218-2705

FEC ID number of contributing federal political committee.

C

Name of Employer

Dahlia Midwifery, PC

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2093.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9598

Amount of Each Receipt this Period

43.00

Full Name (Last, First, Middle Initial)

C. Barbara A Bechtel

Mailing Address 707 Beverley Road Apt 6A

City State Zip Code
 Brooklyn NY 11218-2705

FEC ID number of contributing federal political committee.

C

Name of Employer

Dahlia Midwifery, PC

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2493.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9599

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

489.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9597

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9598

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9599

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Vicki Beck

Mailing Address 8009 Freeport Rd

City State Zip Code
Rockton IL 61072-9742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crusader Community Health

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9600

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Terry Bichell

Mailing Address 1510 Old Hickory Blvd

City State Zip Code
Brentwood TN 37027-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Applicable

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9601

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. Terry Bichell

Mailing Address 1510 Old Hickory Blvd

City State Zip Code
Brentwood TN 37027-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Applicable

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

39.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9602

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

59.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9600

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9601

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9602

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Terry Bichell

Mailing Address 1510 Old Hickory Blvd

City

Brentwood

State

TN

Zip Code

37027-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

69.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9603

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Terry Bichell

Mailing Address 1510 Old Hickory Blvd

City

Brentwood

State

TN

Zip Code

37027-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9604

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

C. Terry Bichell

Mailing Address 1510 Old Hickory Blvd

City

Brentwood

State

TN

Zip Code

37027-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9605

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9603

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9604

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9605

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Terry Bichell

Mailing Address 1510 Old Hickory Blvd

City

Brentwood

State

TN

Zip Code

37027-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9606

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Georgia R Blair

Mailing Address 41 Obre Place

City

Shrewsbury

State

NJ

Zip Code

07702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9607

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Georgia R Blair

Mailing Address 41 Obre Place

City

Shrewsbury

State

NJ

Zip Code

07702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9608

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9606

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9607

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9608

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heather Bradford

Mailing Address 527 Kirkland Ave.

City State Zip Code
 Kirkland WA 98033

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Not Applicable

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9609

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

B. Heather Bradford

Mailing Address 527 Kirkland Ave.

City State Zip Code
 Kirkland WA 98033

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Not Applicable

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

67.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9610

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ginger Breedlove

Mailing Address 13608 W 54th St.

City State Zip Code
 Shawnee KS 66216-5110

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Shenandoah University

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9764

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1067.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9609

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Form/Schedule: SA11AI
Transaction ID: SA11AI.9610

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: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9764

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Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Brooke A Bucci

Mailing Address 45118 Voyage Path Apt 106

City
California

State
MD

Zip Code
20619-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM, RNC-OB, C-EFM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9611

Amount of Each Receipt this Period

245.00

Full Name (Last, First, Middle Initial)

B. Brooke A Bucci

Mailing Address 45118 Voyage Path Apt 106

City
California

State
MD

Zip Code
20619-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM, RNC-OB, C-EFM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9612

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Burelle

Mailing Address 810 Detroit St

City
Denver

State
CO

Zip Code
80206-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9613

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

424.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9611

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9612

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: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9613

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Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jessica Burke-Lazarus

Mailing Address 114 22nd Ave

City
SeattleState
WAZip Code
98122-6007FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM, ARNP, DNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9614

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jesse Bushman

Mailing Address 6265 Gentle lane

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

Director, A&G Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9615

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Christina Butler

Mailing Address 3 S 536 Curtis Ave.

City

Warrenville

State

IL

Zip Code

60555

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Prof.Obstetrics&Gynecology

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2014

Transaction ID : SA11AI.9586

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9614

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9615

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9586

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Erin Callahan

Mailing Address 1127 W 6th St

City State Zip Code
Lorain OH 44052-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9616

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Katherine C. Carr

Mailing Address 902 17th Ave. East

City State Zip Code
Seattle WA 98112-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seattle University

Occupation

CNM PhD FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9617

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Kathryn K. Carr

Mailing Address 5 Garden Ct Apt 3

City State Zip Code
Cambridge MA 02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth's Medical Center

Occupation

CNM, MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

78.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9618

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

98.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9616

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9617

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9618

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn K. Carr

Mailing Address 5 Garden Ct Apt 3

City

Cambridge

State

MA

Zip Code

02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth's Medical Center

Occupation

CNM, MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9619

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. Kathryn K. Carr

Mailing Address 5 Garden Ct Apt 3

City

Cambridge

State

MA

Zip Code

02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth's Medical Center

Occupation

CNM, MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

121.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9620

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Kathryn K. Carr

Mailing Address 5 Garden Ct Apt 3

City

Cambridge

State

MA

Zip Code

02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth's Medical Center

Occupation

CNM, MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

194.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9621

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

116.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9619

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9620

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9621

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Anna Cherry

Mailing Address 1480 Everhart St SW

City State Zip Code
 Atlanta GA 30310-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Unemployed - Student

Occupation
 SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9622

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Kristen E Conroy

Mailing Address 1428 Constellation Dr

City State Zip Code
 Allen TX 75013-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frontier Nursing University

Occupation
 SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9623

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Patrick J. Cooney

Mailing Address 8403 Colesville Rd Ste 1550

City State Zip Code
 Silver Spring MD 20910-6374

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Not Applicable

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9624

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

695.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9622

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9623

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9624

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Koren Corbett

Mailing Address 4305 SE 31st Ave

City

Portland

State

OR

Zip Code

97202-3545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed - Student

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9625

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Barbara Crone

Mailing Address 2681 Birch Harbor Ln

City

West Bloomfield

State

MI

Zip Code

48324-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State University Physician Group

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

127.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9626

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

C. Candace Curlee

Mailing Address 526 Shanas Lane

City

Encinitas

State

CA

Zip Code

92024-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scripps Clinic

Occupation

CNM, MS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9627

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

182.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9625

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9626

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9627

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Esther DeJong

Mailing Address 950 Pichaloup PI

City

New Orleans

State

LA

Zip Code

70119-3822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woman to Woman Midwifery

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9628

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Kathleen Dermady

Mailing Address 4549 Broad Rd

City

Syracuse

State

NY

Zip Code

13215-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY Upstate Regional Perinatal Center

Occupation

CNM MS, DNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9629

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Kathleen Dermady

Mailing Address 4549 Broad Rd

City

Syracuse

State

NY

Zip Code

13215-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY Upstate Regional Perinatal Center

Occupation

CNM MS, DNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9630

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9628

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9629

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9630

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elaine Diegmann

Mailing Address 1220 Inman Ave

City
EdisonState
NJZip Code
08820-1130FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Birth Center

Occupation

CNM ND FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

Transaction ID : SA11AI.9631

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Elaine Diegmann

Mailing Address 1220 Inman Ave

City
EdisonState
NJZip Code
08820-1130FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Birth Center

Occupation

CNM ND FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

Transaction ID : SA11AI.9632

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Elaine Diegmann

Mailing Address 1220 Inman Ave

City
EdisonState
NJZip Code
08820-1130FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Birth Center

Occupation

CNM ND FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

Transaction ID : SA11AI.9633

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9631

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9632

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9633

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elaine Diegmann

Mailing Address 1220 Inman Ave

City
Edison

State
NJ

Zip Code
08820-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Birth Center

Occupation

CNM ND FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9634

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

B. Mackenzie E. Douglas

Mailing Address 730 Reba Pl Apt 1A

City
Evanston

State
IL

Zip Code
60202-2664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ.of Penn,School of Nursing

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9635

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

C. Nicole Drake

Mailing Address 555 S Kittredge Way

City
Aurora

State
CO

Zip Code
80017-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed - Student

Occupation

RNC, SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9636

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

265.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9634

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9635

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9636

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City

Hopewell

State

NJ

Zip Code

08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Penn

Occupation

CNM MPH FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9765

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nieves N. Fisch

Mailing Address 2922 Emerald Lake Dr

City

Harlingen

State

TX

Zip Code

78550-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harlingen OB/GYN Associates

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9637

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Nieves N. Fisch

Mailing Address 2922 Emerald Lake Dr

City

Harlingen

State

TX

Zip Code

78550-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harlingen OB/GYN Associates

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9638

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

410.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9765

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9637

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9638

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nieves N. Fisch

Mailing Address 2922 Emerald Lake Dr

City

Harlingen

State

TX

Zip Code

78550-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harlingen OB/GYN Associates

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2014

Transaction ID : SA11AI.9639

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Nieves N. Fisch

Mailing Address 2922 Emerald Lake Dr

City

Harlingen

State

TX

Zip Code

78550-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harlingen OB/GYN Associates

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2014

Transaction ID : SA11AI.9640

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Anne Forcey

Mailing Address 536 Sunset Rd

City

Waterloo

State

IA

Zip Code

50701

FEC ID number of contributing
federal political committee.

C

Name of Employer

OBGYN Specialists

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

72.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2014

Transaction ID : SA11AI.9641

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)..... ►

132.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9639

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9640

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9641

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Anne Forcey

Mailing Address 536 Sunset Rd

City

Waterloo

State

IA

Zip Code

50701

FEC ID number of contributing
federal political committee.

C

Name of Employer

OBGYN Specialists

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

93.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9642

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. Mary Foster

Mailing Address 1761 Bent Way Ct

City

Orlando

State

FL

Zip Code

32818-5657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9643

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Anne Gilman

Mailing Address 618 N Pass Ave

City

Burbank

State

CA

Zip Code

91505-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9644

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

116.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9642

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9643

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9644

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Virginia Gladwin

Mailing Address 6558 Oldham Ln.

City

San Gabriel

State

CA

Zip Code

91775-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9645

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Deborah C Goldman

Mailing Address 315 Erie Ave

City

Seattle

State

WA

Zip Code

98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seattle University

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9646

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Barbara W Graves

Mailing Address 689 Chestnut St.

City

Springfield

State

MA

Zip Code

01107-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Midwifery Education Program

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9647

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9645

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9646

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9647

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kirsten S Gwynn

Mailing Address 1808 S Sartain St.

City

Philadelphia

State

PA

Zip Code

19148-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

SNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9648

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Eve K Hadley

Mailing Address 2 Battery HI

City

Vergennes

State

VT

Zip Code

05491-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tapestry Midwifery

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9649

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Aiden Harrington

Mailing Address 1253 Lincoln Pl Apt 1

City

Brooklyn

State

NY

Zip Code

11213-4059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

SNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9650

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9648

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9649

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9650

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn S. Harrod

Mailing Address W1815 Country Road B.

City State Zip Code
Genoa City WI 53128-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9651

Amount of Each Receipt this Period

495.00

Full Name (Last, First, Middle Initial)

B. Jocelyn Hart

Mailing Address 330 W 58th St Ste 505

City State Zip Code
New York NY 10019-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwifery of Manhattan

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9652

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Rebekah Hassler

Mailing Address 1829 N 18th St

City State Zip Code
Saint Louis MO 63106-3136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9653

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

595.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9651

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9652

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9653

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rebekah Hassler

Mailing Address 1829 N 18th St

City

Saint Louis

State

MO

Zip Code

63106-3136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM FNP

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

141.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9654

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

B. Cheryl A. Heitkamp

Mailing Address 717 Applewood Cir

City

Victoria

State

MN

Zip Code

55386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Nicollet Clinic

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2014

Transaction ID : SA11AI.9587

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michele Helgeson

Mailing Address 16 Greenwood Rd

City

Sudbury

State

MA

Zip Code

01776-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham & Women's Hospital

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9655

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1081.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9654

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9587

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9655

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Michele Helgeson

Mailing Address 16 Greenwood Rd

City State Zip Code
Sudbury MA 01776-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham & Women's Hospital

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9656

Amount of Each Receipt this Period

555.00

Full Name (Last, First, Middle Initial)

B. Sally R. Hersh

Mailing Address 7325 SW Gable Park Rd

City State Zip Code
Portland OR 97225-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9657

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Sally R. Hersh

Mailing Address 7325 SW Gable Park Rd

City State Zip Code
Portland OR 97225-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9658

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

715.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9656

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9657

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9658

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lynn Himmelreich

Mailing Address 1013 400th St SW

City
OxfordState
IAZip Code
52322-9142FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Iowa Hospitals & Clinics

Occupation

CNM MPH FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9659

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Carol L. Howe

Mailing Address 13043 SW Ascension Drive

City
TigardState
ORZip Code
97223-5686FEC ID number of contributing
federal political committee.

C

Name of Employer

OR Health & Science Univ.

Occupation

CNM DNSc FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9660

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Carol L. Howe

Mailing Address 13043 SW Ascension Drive

City
TigardState
ORZip Code
97223-5686FEC ID number of contributing
federal political committee.

C

Name of Employer

OR Health & Science Univ.

Occupation

CNM DNSc FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9661

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

365.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9659

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9660

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9661

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Carol L. Howe

Mailing Address 13043 SW Ascension Drive

City
Tigard

State
OR

Zip Code
97223-5686

FEC ID number of contributing
federal political committee.

C

Name of Employer

OR Health & Science Univ.

Occupation

CNM DNSc FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9662

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Carol L. Howe

Mailing Address 13043 SW Ascension Drive

City
Tigard

State
OR

Zip Code
97223-5686

FEC ID number of contributing
federal political committee.

C

Name of Employer

OR Health & Science Univ.

Occupation

CNM DNSc FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9663

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Margaret Hutchison

Mailing Address 1523 Ada St

City
Berkeley

State
CA

Zip Code
94703-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Midwives of SF GeneralHosp

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9664

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9662

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9663

|

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9664

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Karen Jefferson

Mailing Address 688 President St

City

Brooklyn

State

NY

Zip Code

11215-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

JJB Midwifery

Occupation

LM, CM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9665

Amount of Each Receipt this Period

290.00

Full Name (Last, First, Middle Initial)

B. Laura Jenson

Mailing Address 4208 SE 9th Ave

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health & Science University

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2014

Transaction ID : SA11AI.9584

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Laura Jenson

Mailing Address 4208 SE 9th Ave

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health & Science University

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2014

Transaction ID : SA11AI.9585

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

590.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9665

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9584

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9585

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lucia Jenusky

Mailing Address 4197 McNamara Pl

City

Lewis Center

State

OH

Zip Code

43035-6910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Stephens Health Ctr.

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9666

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

B. Cecilia M. Jevitt

Mailing Address 3 Short Beach Rd.

City

East Haven

State

CT

Zip Code

06512-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9667

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Cecilia M. Jevitt

Mailing Address 3 Short Beach Rd.

City

East Haven

State

CT

Zip Code

06512-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9668

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

245.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9666

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9667

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9668

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cecilia M. Jevitt

Mailing Address 3 Short Beach Rd.

City

East Haven

State

CT

Zip Code

06512-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9669

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Christina M. Johnson

Mailing Address 1938 Bank St

City

Baltimore

State

MD

Zip Code

21231-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM MS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

156.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9670

Amount of Each Receipt this Period

156.00

Full Name (Last, First, Middle Initial)

c. Christina M. Johnson

Mailing Address 1938 Bank St

City

Baltimore

State

MD

Zip Code

21231-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM MS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9671

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

446.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9669

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9670

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9671

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Christina M. Johnson

Mailing Address 1938 Bank St

City

Baltimore

State

MD

Zip Code

21231-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM MS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9672

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Christina M. Johnson

Mailing Address 1938 Bank St

City

Baltimore

State

MD

Zip Code

21231-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM MS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1234.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9673

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

c. Monica M. Joyce

Mailing Address 11 High St

City

Ipswich

State

MA

Zip Code

01938-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer

HVMA Nurse Midwifery Services

Occupation

CNM MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9674

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

878.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9672

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9673

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9674

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Monica M. Joyce

Mailing Address 11 High St

City

Ipswich

State

MA

Zip Code

01938-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer

HVMA Nurse Midwifery Services

Occupation

CNM MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

136.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9675

Amount of Each Receipt this Period

46.00

Full Name (Last, First, Middle Initial)

B. Monica M. Joyce

Mailing Address 11 High St

City

Ipswich

State

MA

Zip Code

01938-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer

HVMA Nurse Midwifery Services

Occupation

CNM MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

161.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9676

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Monica M. Joyce

Mailing Address 11 High St

City

Ipswich

State

MA

Zip Code

01938-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer

HVMA Nurse Midwifery Services

Occupation

CNM MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

181.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9677

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

91.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9675

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9676

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9677

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 191
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laura Kemp

Mailing Address 1507 Napoleon Rd

City State Zip Code
Bowling Green OH 43402-4843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rivercrest OB/GYN

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9678

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. Laura Kemp

Mailing Address 1507 Napoleon Rd

City State Zip Code
Bowling Green OH 43402-4843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rivercrest OB/GYN

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9679

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Laura Kemp

Mailing Address 1507 Napoleon Rd

City State Zip Code
Bowling Green OH 43402-4843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rivercrest OB/GYN

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9680

Amount of Each Receipt this Period

26.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

156.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9678

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9679

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9680

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Carrie Klima

Mailing Address 2624 N Spaulding Ave Apt 1W
Apt 1W

City State Zip Code
Chicago IL 60647-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois Chicago

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9681

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

B. Carrie Klima

Mailing Address 2624 N Spaulding Ave Apt 1W
Apt 1W

City State Zip Code
Chicago IL 60647-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois Chicago

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

121.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9682

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Carrie Klima

Mailing Address 2624 N Spaulding Ave Apt 1W
Apt 1W

City State Zip Code
Chicago IL 60647-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois Chicago

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9683

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

186.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9681

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9682

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9683

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kate Koschoreck

Mailing Address 4950 Fenton St

City

Denver

State

CO

Zip Code

80212-2723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9684

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Lisa A Lederer

Mailing Address 6 Holly Dr

City

Budd Lake

State

NJ

Zip Code

07828-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hackettstown Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9685

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Dorothy Lee

Mailing Address 801 17th St. NE

City

Washington

State

DC

Zip Code

20002-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Health & Birth Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9686

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3350.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9684

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9685

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9686

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Janet Lewis

Mailing Address 516 S 44th Street

City

Philadelphia

State

PA

Zip Code

19104-3908

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

CNM MSN MA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9687

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. Karen McGivney Liehti

Mailing Address 7811 Cooper Ave

City

Lincoln

State

NE

Zip Code

68506-4725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

118.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9688

Amount of Each Receipt this Period

118.00

Full Name (Last, First, Middle Initial)

C. Cynthia Liu

Mailing Address 4271 North First St.
#83

City

San Jose

State

CA

Zip Code

95134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente San Jose

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9689

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

288.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9687

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9688

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9689

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cynthia Liu

Mailing Address 4271 North First St.
#83

City State Zip Code
San Jose CA 95134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente San Jose

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9690

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. Jean M. M. MacBarron

Mailing Address 26 Wompatuck Rd

City State Zip Code
Hingham MA 02043-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Cod Hospital

Occupation

CNM MPH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9691

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

C. Molly MacMorris-Adix

Mailing Address 4942 NE 34th Ave

City State Zip Code
Portland OR 97211-7606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed - Student

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9692

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

186.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9690

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9691

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9692

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Molly MacMorris-Adix

Mailing Address 4942 NE 34th Ave

City

Portland

State

OR

Zip Code

97211-7606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed - Student

Occupation

SNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

127.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9693

Amount of Each Receipt this Period

87.00

Full Name (Last, First, Middle Initial)

B. Molly MacMorris-Adix

Mailing Address 4942 NE 34th Ave

City

Portland

State

OR

Zip Code

97211-7606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed - Student

Occupation

SNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

157.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9694

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Diana Maize

Mailing Address 403 Pontiac St

City

Denver

State

CO

Zip Code

80220-6165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of CO

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9695

Amount of Each Receipt this Period

95.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

212.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9693

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9694

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9695

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lelani J. Mason

Mailing Address 829 Clayton Ave # A

City

Nashville

State

TN

Zip Code

37204-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9696

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Leah R. Maulding

Mailing Address 608 Hummingbird St

City

Lynn Haven

State

FL

Zip Code

32444-4369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

RN, BSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9697

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. Mary N. Mayzel

Mailing Address 1455 Andre St

City

Baltimore

State

MD

Zip Code

21230-5305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

MPIA, BSN, RN, SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

48.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9698

Amount of Each Receipt this Period

48.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

147.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9696

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9697

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9698

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Goldie A. McBride

Mailing Address 245 W 1st St

City

West Islip

State

NY

Zip Code

11795-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook Midwifery Practice

Occupation

CM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9699

Amount of Each Receipt this Period

575.00

Full Name (Last, First, Middle Initial)

B. Goldie A. McBride

Mailing Address 245 W 1st St

City

West Islip

State

NY

Zip Code

11795-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook Midwifery Practice

Occupation

CM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9700

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

C. Michael M McCann

Mailing Address 1551 Debra Drive

City

Smyrna

State

GA

Zip Code

30080

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM, ACNM BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9701

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1925.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9699

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9700

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9701

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary Kay Miller

Mailing Address 1956 King Arthurs Ct

City

Winter Park

State

FL

Zip Code

32792-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partners in Women's Health Care

Occupation

CNM MSN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9702

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mary Kay Miller

Mailing Address 1956 King Arthurs Ct

City

Winter Park

State

FL

Zip Code

32792-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partners in Women's Health Care

Occupation

CNM MSN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

116.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9703

Amount of Each Receipt this Period

56.00

Full Name (Last, First, Middle Initial)

C. Tonia Moore-Davis

Mailing Address 1436 Station Four Lane

City

Old Hickory

State

TN

Zip Code

37138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

118.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9704

Amount of Each Receipt this Period

68.00

SUBTOTAL of Receipts This Page (optional)..... ►

134.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9702

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9703

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9704

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Colleen Moreno

Mailing Address 451 Meridian Ave

City

San Jose

State

CA

Zip Code

95126-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9705

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Kathleen Moriarty

Mailing Address 21579 Sunflower Rd

City

Novi

State

MI

Zip Code

48375-5347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Wayne County Health Authority

Occupation

CNM, PhD, CAFCI, RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

111.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9706

Amount of Each Receipt this Period

61.00

Full Name (Last, First, Middle Initial)

C. Kathleen Moriarty

Mailing Address 21579 Sunflower Rd

City

Novi

State

MI

Zip Code

48375-5347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Wayne County Health Authority

Occupation

CNM, PhD, CAFCI, RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2111.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9707

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2081.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9705

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9706

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9707

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Moriarty

Mailing Address 21579 Sunflower Rd

City

State

Zip Code

Novi

MI

48375-5347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Detroit Wayne County Health Authority

CNM, PhD, CAFCI, RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2361.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9708

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lonnie C Morris

Mailing Address 4 Roberts Ct.

City

State

Zip Code

Tenaflly

NJ

07670-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not Applicable

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9709

Amount of Each Receipt this Period

980.00

Full Name (Last, First, Middle Initial)

c. Heather Murphy

Mailing Address 316 S 12th Ave

City

State

Zip Code

Hattiesburg

MS

39401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Alivio Medical Center

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

110.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9710

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1290.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9708

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9709

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9710

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Angelita Nixon

Mailing Address P.O. Box 213

City

Scott Depot

State

WV

Zip Code

25560-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scenic Drive Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

66.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9711

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. Angelita Nixon

Mailing Address P.O. Box 213

City

Scott Depot

State

WV

Zip Code

25560-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scenic Drive Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

88.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9712

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

C. Angelita Nixon

Mailing Address P.O. Box 213

City

Scott Depot

State

WV

Zip Code

25560-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scenic Drive Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

143.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9713

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

93.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9711

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9712

|

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9713

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Angelita Nixon

Mailing Address P.O. Box 213

City

Scott Depot

State

WV

Zip Code

25560-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scenic Drive Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9714

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

B. Angelita Nixon

Mailing Address P.O. Box 213

City

Scott Depot

State

WV

Zip Code

25560-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scenic Drive Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9715

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

C. Angelita Nixon

Mailing Address P.O. Box 213

City

Scott Depot

State

WV

Zip Code

25560-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scenic Drive Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9716

Amount of Each Receipt this Period

36.00

SUBTOTAL of Receipts This Page (optional)..... ►

243.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9714

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9715

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9716

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Angelita Nixon

Mailing Address P.O. Box 213

City

Scott Depot

State

WV

Zip Code

25560-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scenic Drive Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9717

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Carol C. Odonoghue

Mailing Address 607 W Upsal St

City

Philadelphia

State

PA

Zip Code

19119-3627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9718

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Laura Oki

Mailing Address 4331 Amberwood Ave

City

Reno

State

NV

Zip Code

89509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9760

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9717

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9718

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9760

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn Osborne

Mailing Address 305 Coach House Dr.

City

Madison

State

WI

Zip Code

53714-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9719

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Kathryn Osborne

Mailing Address 305 Coach House Dr.

City

Madison

State

WI

Zip Code

53714-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9720

Amount of Each Receipt this Period

93.00

Full Name (Last, First, Middle Initial)

C. Kathryn Osborne

Mailing Address 305 Coach House Dr.

City

Madison

State

WI

Zip Code

53714-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9721

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

223.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9719

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9720

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9721

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Katie Page

Mailing Address 225 Coffee Rd.
Apt. 10

City State Zip Code
Lynchburg VA 24503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9722

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Katie Page

Mailing Address 225 Coffee Rd.
Apt. 10

City State Zip Code
Lynchburg VA 24503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9723

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Elisa L Patterson

Mailing Address 1535 Taft Ct

City State Zip Code
Louisville CO 80027-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9724

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9722

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9723

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9724

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dana B Perlman

Mailing Address 723 Arden Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwifery Institute of PA Univ

Occupation

CNM MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9725

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. Jennifer Perry-Hidalgo

Mailing Address 326 River Bank Ln

City

Greenville

State

NC

Zip Code

27834-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Fear Valley Medical Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9726

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

C. Jennifer Perry-Hidalgo

Mailing Address 326 River Bank Ln

City

Greenville

State

NC

Zip Code

27834-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Fear Valley Medical Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1181.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9727

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1189.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9725

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9726

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9727

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Stacey Piccinati

Mailing Address 11636 North St. Andrews Way

City State Zip Code
 Scottsdale AZ 85254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9728

Amount of Each Receipt this Period

95.00

Full Name (Last, First, Middle Initial)

B. Stacey Piccinati

Mailing Address 11636 North St. Andrews Way

City State Zip Code
 Scottsdale AZ 85254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9729

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Stacey Piccinati

Mailing Address 11636 North St. Andrews Way

City State Zip Code
 Scottsdale AZ 85254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9730

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

283.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9728

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9729

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9730

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Poell

Mailing Address 849 N Damen Ave
Apt 304

City State Zip Code
Chicago IL 60622-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alivio Medical Center

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9731

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jennifer Poell

Mailing Address 849 N Damen Ave
Apt 304

City State Zip Code
Chicago IL 60622-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alivio Medical Center

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9732

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Sharon Rising

Mailing Address 8737 Colesville Rd., Suite 307

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation
CNM FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9733

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9731

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9732

|

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9733

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lynneece M. Rooney

Mailing Address 925 Gessner Road

City State Zip Code
Houston TX 77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
MemorialSpringBranchMidwifery

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9734

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lynneece M. Rooney

Mailing Address 925 Gessner Road

City State Zip Code
Houston TX 77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
MemorialSpringBranchMidwifery

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9735

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lynneece M. Rooney

Mailing Address 925 Gessner Road

City State Zip Code
Houston TX 77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
MemorialSpringBranchMidwifery

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9736

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

395.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9734

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9735

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9736

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mairi Breen Rothman

Mailing Address 7301 Garland Avenue

City

Takoma Park

State

MD

Zip Code

20912-6417

FEC ID number of contributing
federal political committee.

C

Name of Employer

M.A.M.A.S. Inc.

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9737

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Mairi Breen Rothman

Mailing Address 7301 Garland Avenue

City

Takoma Park

State

MD

Zip Code

20912-6417

FEC ID number of contributing
federal political committee.

C

Name of Employer

M.A.M.A.S. Inc.

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9738

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Catherine Ruhl

Mailing Address 5810 Wilmet Rd.

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Midwifery Svcs.

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9739

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

435.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9737

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9738

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9739

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Devin A. Seman

Mailing Address 6810 SW 26th Ave Apt 1

City State Zip Code
 Portland OR 97219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed - Student

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

51.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9767

Amount of Each Receipt this Period

51.00

Full Name (Last, First, Middle Initial)

B. Amanda Shafton

Mailing Address 8954 Sunstone Ln

City State Zip Code
 Middleton WI 53562-4277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed - Student

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

63.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9740

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

c. Janet C. Spinner

Mailing Address 56 Elmwood Rd.

City State Zip Code
 New Haven CT 06515-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer

South West Community Health Cnt.

Occupation

CNM MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.9741

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

239.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9740

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9741

|

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa Summers

Mailing Address 1220 Noyes Dr.

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

FACNM

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9742

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Heather Suzette Swanson

Mailing Address 257 22 Rd

City

Wilcox

State

NE

Zip Code

68982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pine Ridge Hosp Nurse-Midwives

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9743

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. Heather Suzette Swanson

Mailing Address 257 22 Rd

City

Wilcox

State

NE

Zip Code

68982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pine Ridge Hosp Nurse-Midwives

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : SA11AI.9744

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

610.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9742

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9743

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9744

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heather Suzette Swanson

Mailing Address 257 22 Rd

City
Wilcox

State Zip Code
NE 68982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pine Ridge Hosp Nurse-Midwives

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9745

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

B. Heather Suzette Swanson

Mailing Address 257 22 Rd

City
Wilcox

State Zip Code
NE 68982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pine Ridge Hosp Nurse-Midwives

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9746

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. Heather Suzette Swanson

Mailing Address 257 22 Rd

City
Wilcox

State Zip Code
NE 68982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pine Ridge Hosp Nurse-Midwives

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9747

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9745

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9746

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9747

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heather Suzette Swanson

Mailing Address 257 22 Rd

City
Wilcox

State Zip Code
NE 68982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pine Ridge Hosp Nurse-Midwives

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9748

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Tanya S. Tanner

Mailing Address 11164 Cherokee Street

City
Northglenn

State Zip Code
CO 80234-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frontier Nursing University

Occupation
CNM, ACNM BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9749

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Tanya S. Tanner

Mailing Address 11164 Cherokee Street

City
Northglenn

State Zip Code
CO 80234-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frontier Nursing University

Occupation
CNM, ACNM BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9750

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9748

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9749

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9750

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary C Thompson

Mailing Address 4904 Razorback Run

City

Syracuse

State

NY

Zip Code

13215-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crouse Hospital

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9751

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ellen Tilden

Mailing Address 2805 SE Yamhill St

City

Portland

State

OR

Zip Code

97214-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9752

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Stephanie N Tillman

Mailing Address 1070 W 15th St
Unit 153

City

Chicago

State

IL

Zip Code

60608-1872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale Univ. School of Nursing

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9753

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9751

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9752

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9753

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Diane E. Utz

Mailing Address 12541 Foster Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Luke's Medical Group

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9754

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

B. Cecilia Wachdorf

Mailing Address 3554 Polk St NE

City

Minneapolis

State

MN

Zip Code

55418-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9755

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Cecilia Wachdorf

Mailing Address 3554 Polk St NE

City

Minneapolis

State

MN

Zip Code

55418-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9756

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9754

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9755

|

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9756

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Deborah S Walker

Mailing Address 6180 First St.

City

State

Zip Code

Superior Township

MI

48198-9647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wayne State Univ. College of Nursing

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9757

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Kira Waters

Mailing Address 910 E Canyon Ridge Way Apt 10

City

State

Zip Code

Midvale

UT

84047-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9758

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Chelsea C Webb

Mailing Address 4242 Spruce St.
2F

City

State

Zip Code

Philadelphia

PA

19104-4098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N/A

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.9759

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9757

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9758

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9759

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Alisha Wilkes

Mailing Address 19225 SE 136th St

City
Renton

State
WA

Zip Code
98059-7231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RN, BSN, SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

92.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9761

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

B. Melissa Willmarth

Mailing Address 904 Baccarat Dr

City
Cincinnati

State
OH

Zip Code
45245-1981

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9766

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Judy Wolberg

Mailing Address 52 Hastings Rd

City
Belmont

State
MA

Zip Code
02478-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9762

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

149.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9761

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9766

|

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9762

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Judy Wolberg

Mailing Address 52 Hastings Rd

City

Belmont

State

MA

Zip Code

02478-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

94.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.9763

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

22.00

27360.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9763

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Mailing Address 7810 Old Branch Avenue

City	State	Zip Code
Clinton	MD	20735

Transaction ID : SB21B.9768Purpose of Disbursement
Bank Fee

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

450.99

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2014

Mailing Address 7810 Old Branch Avenue

City	State	Zip Code
Clinton	MD	20735

Transaction ID : SB21B.9771Purpose of Disbursement
Wire Transfer Fee

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

15.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C. Paypal INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Mailing Address 4100 Solutions Center #774100

City	State	Zip Code
Chicago	IL	60677

Transaction ID : SB21B.9770Purpose of Disbursement
Paypal Fee

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

59.95

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

SUBTOTAL of Disbursements This Page (optional)..... ►

525.94

TOTAL This Period (last page this line number only)..... ►

525.94

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Category/
Type

8500.00

State: District:

MM / DD / YYYY

Category/
Type

Age group	Number of people
0-14	100
15-24	200
25-34	300
35-44	400
45-54	500
55-64	600
65-74	700
75-84	800
85-94	900
95-104	1100.00

State: District:

Category/
Type

State: District:

9600.00

9600.00